

# CLAIMS ONLY

Application Number

109/918007

Filing Date

Applicant(s)

May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |  |       |        |       |        |  |
|--------|----------|--------|-----------------------|--------|------------------------|--------|--|-------|--------|-------|--------|--|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |  | Indep | Depend | Indep | Depend |  |
| 1      | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 2      |          | 1      |                       |        |                        |        |  |       |        |       |        |  |
| 3      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 4      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 5      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 6      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 7      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 8      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 9      |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 10     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 11     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 12     |          | 1      |                       |        |                        |        |  |       |        |       |        |  |
| 13     | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 14     |          | 1      |                       |        |                        |        |  |       |        |       |        |  |
| 15     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 16     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 17     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 18     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 19     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 20     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 21     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 22     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 23     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 24     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 25     | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 26     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 27     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 28     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 29     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 30     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 31     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 32     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 33     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 34     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 35     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 36     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 37     | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 38     | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 39     | 1        |        |                       |        |                        |        |  |       |        |       |        |  |
| 40     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 41     |          |        |                       |        |                        |        |  |       |        |       |        |  |
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| 45     |          |        |                       |        |                        |        |  |       |        |       |        |  |
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| 49     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| 50     |          |        |                       |        |                        |        |  |       |        |       |        |  |
| Total  |          |        |                       |        |                        |        |  |       |        |       |        |  |
| Indep  | 6        |        |                       |        |                        |        |  |       |        |       |        |  |
| Total  |          |        |                       |        |                        |        |  |       |        |       |        |  |
| Depend | 6        |        |                       |        |                        |        |  |       |        |       |        |  |
| Total  |          |        |                       |        |                        |        |  |       |        |       |        |  |
| Claims | 12       |        |                       |        |                        |        |  |       |        |       |        |  |

  

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| 100    |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |
| Indep  |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |
| Depend |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |
| Claims |  |  |  |  |  |  |